FORM D

1285818

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



Prefix Serial

DATE RECEIVED

POTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this an amendment and name has changed, and indicate change.)								
QD Technology LLC - Class A and Class B Membership Interests								
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	⊠ Rule 506	☐ Section	n 4(6)	☐ ULOE	
	(-)					- ()		
Type of Filing:	■ New Filing	☐ Amendment						
	A. BASIC IDENTIFICATION DATA							
1. Enter the informa-	tion requested about the	e issuer						
Name of Issuer (c	heck if this is an amend	lment and name has changed, ar	nd indicate change.)					
QD Technology LLC		· ·	•					
Address of Executive	Offices	(Numbe	er and Street, City, State,	, Zip Code)		Telephon	e Number (Including Area	
29 Cresthill Avenue,	Clifton, New Jersey 0	7012	, , , .	• •	_	Code) 9	973-473-0560	
Address of Principal	Business Operations	(Number and Stree	t, City, State, Zip Code)	008	CCED	Telephon	ne Number (Including Area	
(if different from Exe	ecutive Offices)	,	,	BOOKE	30F	Code)	, -	
,				R. W.	0 1	,		
Brief Description of	Business			PROCE	<u>∑004</u>			
Software developmen	nt			APRUL	,			
•			1	(man	MOSE			
Type of Business Org	ganization			THON FINAL	ICIAL			
□ corporation	-	☐ limited partners	hip, already formed	Line				
•			·		🗷 other (please spe	cify) Limited Liability	
☐ business trust		☐ limited partners	hip, to be formed				Company	
			Month	Year				
Actual or Estimated	Date of Incorporation o	r Organization:	0 1	0 4	Actual		☐ Estimated	
	•	C						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State):								
•	5	•		,				
		CN for C	Canada; FN for other fore	eign jurisdiction)				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

. . .

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each general and managing partner of partnership issuers. ☑ General and/or Managing Partner Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☑ Director Full Name (Last name first, if individual) Shapiro, Aaron J. Business or Residence Address (Number and Street, City, State, Zip Code) 29 Cresthill Avenue, Clifton, New Jersey 07012 ☐ Beneficial Owner ☐ Director Check Box(es) that Apply: □ Promoter Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Berkowitz, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 29 Cresthill Avenue, Clifton, New Jersey 07012 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Baxter, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 29 Cresthill Avenue, Clifton, New Jersey 07012 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pizzutiello, Marc Business or Residence Address (Number and Street, City, State, Zip Code) 29 Cresthill Avenue, Clifton, New Jersey 07012 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner ☐ Promoter Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer □ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Executive Officer

☐ Executive Officer

☐ Director

☐ Director

☐ General and/or Managing Partner

☐ General and/or Managing Partner

☐ Beneficial Owner

☐ Beneficial Owner

(Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Business or Residence Address

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

☐ Promoter

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

				B.	INFORMA	TION ABOU	T OFFERI	NG				
1. Has the i	ssuer sold; or	does the issue	er intend to se	ll, to non-acci	edited investo	ors in this offer	ring?				res □	No 🗷
,				Answer a	also in Append	dix, Column 2	, if filing und	er ULOE.				
2. What is the minimum investment that will be accepted from any individual?									\$ <u>1,000</u>			
Does the offering permit joint ownership of a single unit?									Yes F	No		
		-										_
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None.												
Full Name (Last name fir	st, if individu	al)	····								
Dunings	Davidana A	Idaaa Ahaab	er and Street,	City State 7	in Code							
Dusiness of	Residence Ad	ittiess (Millio	er and Sieci,	Chy, State, 2	ip Code)							
Name of As	sociated Brok	er or Dealer			, , , , , , , , , , , , , , , , , , ,							
States in W	hich Person L	isted Has Soli	cited or Inten	ds to Solicit P	urchasers							
(Check "A	ll States" or cl	neck individu	al States)	••	•••••							
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[КҮ] [NЛ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC] Last name fir	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
run manie (Last hame in	st, ii maividu	ai)									
Business or	Residence Ad	ldress (Numb	er and Street,	City, State, Z	ip Code)							
Name of As	sociated Brok	er or Dealer	· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·		
Name of As	Socialed Diok	of of Dealer										
States in W	hich Person L	isted Has Soli	cited or Inten	ds to Solicit P	urchasers				<u> </u>			
(Check "A	ll States" or cl	heck individu	al States)		***************************************	***************************************		•••••		🗆 All	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI] Full Name ([SC] Last name fir	[SD] st. if individu	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	<u></u>	· ,	,									
Business or	Residence Ac	idress (Numb	er and Street,	City, State, Z	ip Code)							
Name of As	sociated Brok	er or Dealer		*- <u>-</u>								
States in W	hich Person L	isted Has Sol	icited or Inten	ds to Solicit P	urchasers							
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] {OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none", or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A Official	A a sumt A lung dry Sole
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u> </u>	\$0
	Equity	\$ <u> </u>	\$ <u> </u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ 0	\$ 0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify Membership Interests)	\$_362,425_	\$ 362,425
	Total	\$ <u>362,425</u>	\$ <u>362,425</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	none of Zero.	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	16	\$_362,425_
	Non-accredited Investors	0	\$O
	Total (for filings under Rule 504 only)	n/a	\$n/a
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505.	n/a	\$ n/a
	Regulation A	n/a	\$ n/a
	Rule 504	n/a	\$n/a
	Total	n/a	\$n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	a	\$
	Legal Fees	Œ	\$ <u>7,500</u>
	Accounting Fees.	a	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	۵	\$
	Other Expenses (identify)	0	\$
	Total	Œ	\$ 7,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	. C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPE	NSES A	ND USE OF PROCEEDS					
	b. Enter the difference between the aggregate of expenses furnished in response to Part C - Quest issuer."	ion 4.a. This difference is the "adjusted	gross pro	ceeds to the	\$ <u>354,9</u>	225			
5.	5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.								
				Payments to Officers, Directors, & Affiliates		Payments To Others			
	Salaries and fees			\$ <u> 0 </u>		\$0			
	Purchase of real estate			\$0		\$0			
	Purchase, rental or leasing and installation of n	nachinery and equipment		\$0		\$0			
	Construction of leasing of plant buildings and		\$0		\$0				
	Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another		\$ 0_		\$ 0			
				· · · · · · · · · · · · · · · · · · ·					
	Repayment of indebtedness			\$0	u	\$0			
	Working capital	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		\$0	Ø	\$ 354,925			
	Other (specify):			\$0	0	\$0			
	who will be a second of the se								
				\$0		\$0			
	Column Totals			\$0	#	\$ 354,925			
Total Payments Listed (column totals added)			\$ \$ <u>354,925</u>						
		D. FEDERAL SIGNATUR	E						
und	issuer has duly caused this notice to be signed by the tertaking by the issuer to furnish to the U.S. Securitie redited investor pursuant to paragraph (b)(2) of Rule	s and Exchange Commission, upon written							
Issu	er (Print or Type)	Signature	/	Date					
QD	Technology LLC	MA		March 29, 200	4				
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)							
Aar	on J. Shapiro	Manager							